
URGENT NOTICE !!

THE ACCOUNTING DIVISION'S REGIONAL STATE ASSIGNMENTS HAVE CHANGED

**REVIEW THE ATTACHED REGIONAL
ACCOUNTANT LISTING FOR YOUR
ACCOUNTING DIVISION CONTACT
PERSON.**

PLEASE NOTE...

THE TOLL-FREE PAPRS NUMBER

1-800-879-4513

ALSO REMEMBER...

THE PAPRS SYSTEM IS UNAVAILABLE DAILY BETWEEN

11:00 A. M. AND 2:00 P.M.

FOR PROCESSING OF PAYMENTS TO THE U.S. TREASURY.

PAPER FORM H3's ARE NO LONGER ACCEPTED FOR PROCESSING UNLESS SPECIFICALLY AUTHORIZED IN ADVANCE BY AN EMPLOYEE OF THE OFFICE OF THE COMPTROLLER.

NOTE: GRANTEE'S ALREADY USING THE 800 NUMBER ARE UNAFFECTED BY THIS NOTICE.



REQUEST FOR PAYMENT Revised H-3
Office of Community Oriented Policing Services (COPS)

COPS Control Desk
 633 Indiana Avenue, NW 3rd Floor
 Washington, DC 20531

- (1) Grantee: Elgin City Police Department
 P.O. Box 128
 Elgin, OR 97827
- (2) Grant #: 95CFWX1412 (3) Ven #: 936002155 ORI #: OR03102

- (4) Request #: _____
- (5) Direct Deposit: Will you receive this payment
 through direct deposit? _____ Yes _____ No
- (6) Type of Request: _____ Advance _____ Reimbursement
- (7) Type of Payment: _____ Partial _____ Full
- (8) To date, what is the amount of Federal
 money for which you have submitted requests? \$ _____
- (9) How much Federal money have you spent to date ? \$ _____
- (10) How much local money have you spent to date ? \$ _____
- (11) Period covered by this request: From ____/____/____ to ____/____/____
- (12) If this is an *advance*, how much local money will you
 spend during the period outlined in (11)? \$ _____
- (13) If this is an *advance*, how much Federal money do you
 request for the period outlined in (11)? \$ _____
- (14) If this is a *reimbursement*, how much Federal money
 do you now request for the period outlined in (11)? \$ _____

(15) Certification

I certify to the best of my knowledge and belief that this request is correct and complete and that Federal moneys spent and to be spent are for the purposes set forth in the COPS grant award documents.

 Name and Title (type or print)

 Telephone number

 Signature

 Date submitted

APPROVAL

 Financial Analyst, Office of the Comptroller

 Date Approved

COPS 006



REQUEST FOR PAYMENT *Revised H-3*
Office of Community Oriented Policing Services (COPS)
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 Washington, DC 20531

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 Signature

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APPROVAL

 Financial Analyst, Office of the Comptroller

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COPS 006

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056
Expiration Date 06/30/93

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

Grant # 95CFWX1412

FEDERAL PROGRAM AGENCY

Office Of Justice Programs

AGENCY IDENTIFIER:

OJP

AGENCY LOCATION CODE (ALC):

15-04-0001

ACH FORMAT:

☐ CCD

☐ CTX

☐ CTP

ADDRESS:

633 Indiana Avenue, NW Room 970

Washington, D.C. 20531

CONTACT PERSON NAME:

Denise B. Robinson, Deputy Director - Accounting Division

TELEPHONE NUMBER

(202) 307-6296

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME

City of Elgin

SSN NO. OR TAXPAYER ID NO.

93-6002155

ADDRESS

P.O. Box 128

ELGIN, OR 97827

CONTACT PERSON NAME:

Joe GARLITZ

TELEPHONE NUMBER:

(541) 437-2253

FINANCIAL INSTITUTION INFORMATION

NAME:

U.S. Bank OR

ADDRESS:

P.O. Box 907

ELGIN OR 97827

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

(541) 437-2571

NINE-DIGIT ROUTING TRANSIT NUMBER:

123000220

DEPOSITOR ACCOUNT TITLE:

City of Elgin

DEPOSITOR ACCOUNT NUMBER:

205 0000 054

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☒ CHECKING

☐ SAVINGS

☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator)

Denise M. Brown Customer Service Rep

TELEPHONE NUMBER:

(541) 437-2571

Instructions for Completing SF 3881 Form

1. **Agency Information Section** — Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. **Payee/Company Information Section** — Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** — Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

JUL 11 1996

Dear Grant Recipient:

The Office of Justice Programs (OJP) has three Financial Status Reporting methods; the SF-269 (blank form), a computer generated form (referred to as the SF-269A turnaround document), and electronic filing through the LOCES system. If you cannot use electronic filing through the LOCES system, we prefer that you utilize the turnaround document.

Enclosed is a computer generated turnaround document(s) for each of your grants for the current reporting calendar quarter which covers the period of April 1, 1996 through June 30, 1996. Instructions for completion are enclosed. Please remember that reports are considered delinquent if not received 45 days after the end of each calendar quarter. **Funding requests on grants for which quarterly reports are delinquent will be denied.**

If a turnaround document was not produced for a particular grant and the report is now due, please complete and submit a SF-269 (blank form). If a turnaround document is enclosed on a grant for which you previously filed a final SF-269 report, please discard the form.

Mail your completed reports to;
Office of Justice Programs
Attn: Control Desk/Room 948
633 Indiana Avenue, N.W.
Washington, D.C. 20531

You may fax your reports to any of the following numbers;
(202) 616-5962
(202) 616-9005
(202) 616-9004

If you fax your reports please exclude any cover sheets and do not follow up with a mailed copy.

If you have any questions on the preparation of the SF-269A report, please call (202) 307-3125.

Sincerely,


William R. Allan, Director
Accounting Division, OC

Enclosure (s)



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

OCT 23 1995

To : Financial Officers

The Office of Justice Programs (OJP) has three Financial Status Reporting methods, the SF-269A (blank form), a computer generated form (referred to as SF-269 Turnaround Document) and electronic filing. The grantee may choose to report by any of these methods.

Enclosed is the computer generated Turnaround Document SF-269. This document should reduce the time and effort required in preparing the report. Instructions are enclosed for your reference. Electronic filing or faxing your report may also reduce efforts. Instructions for completing the form are enclosed.

On the enclosed document (s) certain blocks are preprinted with information reported on the most recently submitted SF-269, the previous Turnaround Document, or from the grant award documents. If you choose to use this Turnaround Document you do not need OJP SF-269A.

However, IF A TURNAROUND DOCUMENT WAS NOT PRODUCED FOR A PARTICULAR GRANT AND THE REPORT IS DUE, YOU MUST THEN SUBMIT AN SF-269A. If a final SF-269 Report has already been submitted for a grant and a Turnaround Document is enclosed for that particular grant, do not return the Turnaround Document.

Please return the completed report to the Control Desk their fax number is: (202) 616-5962.

The SF-269 report is **DUE NO LATER THAN November 15, 1995.** (This includes a grace period of 15 days over the 30 day requirement). If the Office of the Comptroller does not receive the report by the above date, **AWARDS AND CASH PAYMENTS ON CURRENT GRANTS WILL BE WITHHELD.**

If you have any questions in preparing the SF-269 report, please contact Mike Wagner on (202) 307-3125 or Zelda Ferrell (202) 307-3155.

Sincerely,

Handwritten signature of Michael C. Lynch in cursive script.
Michael C. Lynch
Comptroller

Enclosure

COPS FAST Change of Information Sheet

If you need to let the COPS Office know about changes or corrections, please type or print the information on this sheet and return it with your signed Award. In addition to the changed or corrected information, always indicate your grantee organization's name on this sheet (you may use the preprinted identification labels for this purpose).

Applicant Organization's Legal Name:

Law Enforcement Executive Name (Title, First Name, and Last Name):

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Government Executive Name (Title, First Name, and Last Name):

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:



United States Treasury

15-51 B 795,280,500
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Pay to
the order of

02 09 96 06 BIRMINGHAM, AL

936002155 M1 OJP

ELGIN CITY POLICE DEPT
PO BOX 128
ELGIN OR 97827

Check No.

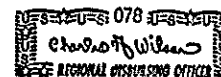
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VOID AFTER ONE YEAR

*OJP*95-CF-WX-1412 *RE 3



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